COMBINED DECLARATION AND POWER OF ATTORNEY (ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inve	ntor, I hereby declare that	•
	TYPE OF DECL	ARATION
This declaration is of th	e following type: (check or	ne applicable item below)
☑ original	□ design	□supplemental
□ divisional	□ continuation	□ continuation-in-part (CIP)
	INVENTORSHIP IDE	ENTIFICATION
believe I am the origin original, first and joint in	al, first and sole invento	ip are as stated below next to my name. I r (if only one name is listed below) or an re listed below) of the subject matter which e invention entitled:
Title Of Invention: NO	/EL OIL-IN-WATER EMU	LSIFIERS
	SPECIFICATION IDE	ENTIFICATION
the specification of which	ch: (complete (a), or (b)	
number and title		rein by name of inventor(s), attorney docker
(b) □ was filed on _ No	as □ <i>as</i> and was amended on	Serial No or Express Mai (if applicable).
ACKNOWLED	GMENT OF REVIEW OF	PAPERS AND DUTY OF CANDOR
I hereby state that I specification, including	nave reviewed and under the claims, as amended b	stand the contents of the above identified y any amendment referred to above.
	ity to disclose information RAL REGULATIONS, § 1	which is material to patentability as defined .56.
	POWER OF AT	TORNEY
I hereby appoint the transact all business in	following attorney(s) and/on the Patent and Tradema	or agent(s) to prosecute this application and ark Office connected therewith. (List name

Teresan W. Gilbert, 31,360 Michael F. Esposito, 29,506 Samuel B. Laferty, 31,537

and registration number.)

Jeffrey F. Munson, 45,705 David M. Shold, 31,664

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
Patent Administrator - Mail Drop 022B
29400 Lakeland Boulevard
Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO: (Name and telephone number)
Teresan W. Gilbert
(440) 347-5072

E-mail: tgi@lubrizol.com

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first ir	nventor <u>John J. Mullay</u>	
John	J	Mullay
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature	Joh J. My	
Date 10 / 20 / 03	Country of Citizenship_	United States of America
	Jean Drive, Mentor, Ohio 44060	
Post Office Address	Mentor, Ohio 44060	
Full name of second joint	inventor, if any	1. Carey
Jeffrey	М.	Carey
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature	Jefry M. Caux	P
Date <u>10/17/03</u>		United States of America
•	wson Blvd., Mentor, Ohio 44060	
Post Office Address M	lentor. Ohio 44060	

Full name of third joint inve	ntor, if any <u>James H. Bush</u>	
James	H. (MIDDLE INITIAL OR NAME)	Bush
Inventor's signature	Country of Citizenship	
Date /0/16/03	Country of Citizenship	United States of America
Residence 5996 South	n Shandle Blvd., Mentor, Ohio 44	460
Post Office Address Ment	tor, Ohio 44060	
Full name of fourth joint inv	ventor, if any Stuart L. Bartl	ey
(GIVEN NAME)	L. (MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature	Stor 1 Broth	
	Country of Citizenship	
,	arren Road, Wickliffe, Ohio 4409	
Post Office AddressW	ickliffe, Ohio 44092	
Full name of fifth joint inve	ntor, if any	
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Date	Country of Citizenship	
Post Office Address		

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item